



U.S. Agency for
International
Development

Bureau for
Global Health

COUNTRY PROFILE

HIV/AIDS

JAMAICA

HIV/AIDS and sexually transmitted infections are the leading causes of death for women 20–29 years of age in Jamaica. Since 1999, HIV/AIDS has been the second leading cause of death in children under 4. By the end of 2001, more than 20,000 people were estimated to be infected with HIV and approximately 3,700 had died from AIDS. However, Jamaica's overall HIV/AIDS prevalence, 1.4 percent, is relatively low compared to neighboring Latin America and Caribbean countries.

Estimated Number of Adults and Children Living with HIV/AIDS (end of 2001)	20,000
Total Population (2001)	2,598,000
Adult HIV Prevalence (end of 2002)	1.4%
HIV-1 seroprevalence among those most at risk:	
Prostitutes (Kingston and Montego Bay respectively)	10% and 20%
Homosexuals; bisexuals	25%
Sexually transmitted infection clinic attendees	5.76%
Antenatal clinic attendees	1.4%

Sources: Ministry of Health, National HIV/STI Program

Jamaica's HIV/AIDS epidemic is characterized as general. There is concentrated infection, however, among commercial sex workers, homosexual and bisexual men, and those with an existing sexually transmitted infection. Sixty percent of new HIV infections are transmitted through heterosexual intercourse, and almost as many women as men are infected. The individuals at greatest risk for new HIV infections are infants and children under 5, and adolescents, particularly adolescent females.

Jamaica has a well-established health care system with well-developed primary health services in the community and has made great strides in improving the health of its people. Nevertheless, HIV and AIDS are placing significant stresses on the system. The virus is spreading steadily, and, though Jamaicans have a high awareness of HIV/AIDS, certain myths persist. For example, one survey found two out of every three adults believe HIV is transmitted via mosquito bites. Most HIV-infected Jamaicans do not seek medical care until they develop symptoms of AIDS, which limits the benefits they can receive from prophylactic and early treatment of tuberculosis and other opportunistic infections. The delay in seeking health care among people living with HIV/AIDS has been attributed to a variety of factors, including but not limited to, the cost of care and the associated stigma.

NATIONAL RESPONSE



Map of Jamaica: PCL Map Collection, University of Texas

Jamaica has taken an energetic approach to confronting the HIV/AIDS epidemic. The National HIV/STD Control Program within the Ministry of Health developed a medium term plan (1997–2001) prior to the current National Strategic Plan (2002–2006). The National Strategic Plan, approved by the Parliament in June 2002, takes into account the expanded response to HIV/AIDS in the region, as well as the worsening epidemic in Jamaica. The

goal of the National Strategic Plan is to improve the socioeconomic well-being of the people of Jamaica with the purpose of mitigating the socioeconomic and health impact on HIV/AIDS in the society. Other goals of the National Strategic Plan are to:

- Build an effective multisectoral response to the HIV/AIDS epidemic;
- Reduce individual vulnerability to HIV infection behavior change;
- Reduce transmission of new HIV infections; and
- Improve care, support, and treatment services for people living with HIV/AIDS.

USAID SUPPORT

Between 1988 and 2000, total U.S. Agency for International Development (USAID) funding to the Ministry of Health for HIV/AIDS prevention exceeded \$10 million, which made USAID the main source of HIV/AIDS prevention funding during the period. USAID has remained the major grantee to the Ministry of Health as the newly implemented World Bank HIV/AIDS project is in the form of a loan to the Jamaican government.

USAID makes a substantial investment of funds for technical assistance and training in Jamaica. Bilateral assistance in the amount of \$1 million a year for HIV/AIDS activities is implemented through the Ministry of Health, a project that will run through 2004. The grant is intended to support the National Strategic Plan by strengthening the following components:

Behavior change intervention and communication

Knowledge is key to preventing HIV transmission. More than 95 percent of Jamaicans are generally well aware of HIV/AIDS and how to prevent it, yet a wide gap between knowledge and behavior remains, and, despite strong health communications strategies, it appears that behavior change regarding condom use has plateaued among the sexually active population. The behavior change intervention and communication component, with technical assistance from MEASURE, implements the PLACE model for a targeted community intervention in St. James. Other targeted interventions with other high-risk populations are done island-wide. USAID also funds media campaigns, public service announcements, and advocacy activities in partnership with the Ministry of Health.

Capacity building

Capacity building initiatives account for the major part of the USAID HIV/AIDS project in the Ministry of Health covering local and overseas training and conferences, nongovernmental organization support, assistance to regional health authorities, voluntary counseling and testing salaries, and purchase of supplies and commodities.

Sexually transmitted infections

The Ministry of Health recognizes the importance of sexually transmitted infections in the transmission of HIV and has made provisions for reducing their incidence and prevalence. The sexually transmitted infection control component works to:

- Strengthen parish infrastructure for prevention and control;
- Improve reporting of sexually transmitted infections;
- Achieve more effective case management of persons with sexually transmitted infections and their partners; and
- Promote appropriate health-seeking behavior.

Among its many achievements, the Ministry of Health, in 2001 reported a decrease in the incidence of infectious primary and secondary syphilis for the 12th consecutive year.

Surveillance

The main objectives of the surveillance unit is to conduct serosurveys among sentinel and other selected groups, monitor trends in HIV seroprevalence among groups and institutions, and monitor HIV/AIDS cases annually.

Mother-to-child transmission

A pilot project cosponsored by USAID and the United Nations Children's Fund has been expanded from the original four parishes to all 14 parishes across Jamaica. The activity provides expectant mothers with the opportunity to undergo HIV testing and, if they test positive for the virus, to take prophylactic nevirapine or AZT to reduce the risk of transmission of HIV to their infants.

National AIDS Committee

A National AIDS Committee was established in 1988 to advise the Ministry of Health on HIV/AIDS policies issues, coordinate participation from other sectors, and raise funds to assist in the management and implementation of the National HIV/AIDS Control Program. The committee serves as an umbrella agency for more than 100 organizations that represent government ministries, the private sector, churches, and community and civic organizations. The Committee is represented locally by parish AIDS committees, which coordinate local responses to HIV/AIDS and sexually transmitted infections.

Adolescent reproductive health

The Jamaica Adolescent Reproductive Health Project seeks to improve the reproductive health of young Jamaicans between the ages of 10–19 years and enhance their transition to adulthood. The project aims to prevent unplanned pregnancies, (especially first pregnancies) and sexually transmitted infections, and in the process address related issues of sexual attitudes and behaviors, gender relations, and gender-based violence.

USAID has committed \$12 million between 1999 and 2004, making USAID the main source of funding for adolescent reproductive health activities during this period. The adolescent reproductive health activity consists largely of information programs on HIV/AIDS, which will be directed at youth. Youth-friendly sites have been established to provide counseling, information, and referrals for information concerning responsible sexual behavior and sexually transmitted infections. A mass communication campaign has been implemented, which focuses on the **Abstinence, Be Faithful, Condom Use (ABC)** approach for behavioral change. A wide cross section of people, including pastors, service providers, and men in reproductive health have been trained to support the policy environment for adolescent reproductive health.

Jamaica, however, continues to face important challenges in the struggle against HIV/AIDS, such as:

- Lack of general access to HIV/AIDS specialty care and support;
- Lack of appropriate system to address discrimination and stigmatization; and
- Weak training infrastructure to systematically plan, conduct, and follow up on training for health care professionals.

Important Links and Contacts

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USAID/Jamaica web site: <http://www.usaid.gov/jm/>

USAID HIV/AIDS web site for Jamaica: http://www.usaid.gov/pop_health/aids/Countries/lac/jamaica.html

Jamaica National HIV/STD Control Programme

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For more information, see www.usaid.gov/pop/aids or www.synergyaids.com.

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